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NEWS 1 Web Page URLs for STN Seminar Schedule - N. America
 NEWS 2 Jan 25 BLAST(R) searching in REGISTRY available in STN on the Web
 NEWS 3 Jan 25 Searching with the P indicator for Preparations
 NEWS 4 Jan 29 FSTA has been reloaded and moves to weekly updates
 NEWS 5 Feb 01 DKILIT now produced by FIZ Karlsruhe and has a new update frequency
 NEWS 6 Feb 19 Access via Tymnet and SprintNet Eliminated Effective 3/31/02
 NEWS 7 Mar 08 Gene Names now available in BIOSIS
 NEWS 8 Mar 22 TOXLIT no longer available
 NEWS 9 Mar 22 TRCTHERMO no longer available
 NEWS 10 Mar 28 US Provisional Priorities searched with P in CA/CAPLUS and USPATFULL
 NEWS 11 Mar 28 LIPINSKI/CALC added for property searching in REGISTRY
 NEWS 12 Apr 02 PAPERCHEM no longer available on STN. Use PAPERCHEM2 instead.
 NEWS 13 Apr 08 "Ask CAS" for self-help around the clock
 NEWS 14 Apr 09 BEILSTEIN: Reload and Implementation of a New Subject Area
 NEWS 15 Apr 09 ZDB will be removed from STN

NEWS EXPRESS February 1 CURRENT WINDOWS VERSION IS V6.0d,
 CURRENT MACINTOSH VERSION IS V6.0a(ENG) AND V6.0Ja(JP),
 AND CURRENT DISCOVER FILE IS DATED 05 FEBRUARY 2002
 NEWS HOURS STN Operating Hours Plus Help Desk Availability
 NEWS INTER General Internet Information
 NEWS LOGIN Welcome Banner and News Items
 NEWS PHONE Direct Dial and Telecommunication Network Access to STN
 NEWS WWW CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that specific topic.

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* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 17:21:26 ON 15 APR 2002

=> FILE MEDLINE CAPLUS

COST IN U.S. DOLLARS	SINCE FILE	TOTAL
	ENTRY	SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'MEDLINE' ENTERED AT 17:21:48 ON 15 APR 2002

FILE 'CAPLUS' ENTERED AT 17:21:48 ON 15 APR 2002
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=> S IMPOTENCE OR ERECTI? (W) DYSFUNCTION

L1 10854 IMPOTENCE OR ERECTI? (W) DYSFUNCTION

=> S spinal (w) cord

L2 120807 SPINAL (W) CORD

=> s l2 and l1

L3 241 L2 AND L1

=> s injur? or trauma
L4 552009 INJUR? OR TRAUMA

=> s l4 and l2
L5 23697 L4 AND L2

=> s l5 and l1
L6 159 L5 AND L1

=> s l6 and spin?/ti
L7 81 L6 AND SPIN?/TI

=> duplicate remove l7
DUPLICATE PREFERENCE IS 'MEDLINE, CAPLUS'
KEEP DUPLICATES FROM MORE THAN ONE FILE? Y/(N):n
PROCESSING COMPLETED FOR L7
L8 77 DUPLICATE REMOVE L7 (4 DUPLICATES REMOVED)

=> s l8 and (impoten? or erecti?)/ti
L9 42 L8 AND (IMPOTEN? OR ERECTI?)/TI

=> d ibib 1-42

L9 ANSWER 1 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	2002054546 MEDLINE
DOCUMENT NUMBER:	21640794 PubMed ID: 11781860
TITLE:	Efficacy, safety and predictive factors of therapeutic success with sildenafil for erectile dysfunction in patients with different spinal cord injuries .
AUTHOR:	Sanchez Ramos A; Vidal J; Jauregui M L; Barrera M; Recio C; Giner M; Toribio L; Salvador S; Sanmartin A; de la Fuente M; Santos J F; de Juan F J; Moraleda S; Mendez J L; Ramirez L; Casado R M
CORPORATE SOURCE:	Hospital Nacional de Paraplejicos, Toledo, Spain.
SOURCE:	SPINAL CORD, (2001 Dec) 39 (12) 637-43. Journal code: 9609749. ISSN: 1362-4393.
PUB. COUNTRY:	England: United Kingdom (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (MULTICENTER STUDY)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	200202
ENTRY DATE:	Entered STN: 20020125 Last Updated on STN: 20020213 Entered Medline: 20020212

L9 ANSWER 2 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	2001540942 MEDLINE
DOCUMENT NUMBER:	21471753 PubMed ID: 11587653
TITLE:	[Intracavernous injections in the treatment of erectile dysfunction in spinal cord injured patients: experience with 36 patients]. Utilisation des injections intracaverneuses dans les dysfonctionnements erectiles du blesse medullaire : a propos d'une experience sur 36 patients.
AUTHOR:	Lebib Ben Achour S; Laffont I; Boyer F; Boiteau F; Dizien O
CORPORATE SOURCE:	Unite de medecine physique et de readaptation, hopital Raymond-Poincare, 104, boulevard Raymond-Poincare, 92380, Garches, France.

SOURCE: Ann Readapt Med Phys, (2001 Feb) 44 (1) 35-40.
Journal code: 8701687. ISSN: 0168-6054.
PUB. COUNTRY: France
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: French
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200112
ENTRY DATE: Entered STN: 20011008
Last Updated on STN: 20020122
Entered Medline: 20011205

L9 ANSWER 3 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 2001540459 MEDLINE
DOCUMENT NUMBER: 21471065 PubMed ID: 11587433
TITLE: Efficacy and safety of oral sildenafil in men with
erectile dysfunction and **spinal cord injury**.
AUTHOR: Gans W H; Zaslau S; Wheeler S; Galea G; Vapnek J M
CORPORATE SOURCE: Department of Urology, Mount Sinai Medical Center, New
York, NY 10029, USA.
SOURCE: JOURNAL OF SPINAL CORD MEDICINE, (2001 Spring) 24 (1)
35-40.
Journal code: 9504452. ISSN: 1079-0268.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200201
ENTRY DATE: Entered STN: 20011008
Last Updated on STN: 20020128
Entered Medline: 20020123

L9 ANSWER 4 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 2000425803 MEDLINE
DOCUMENT NUMBER: 20349816 PubMed ID: 10889565
TITLE: Quality of life in patients with **spinal cord injury**
receiving Viagra (sildenafil citrate) for the treatment of
erectile dysfunction.
AUTHOR: Hultling C; Giuliano F; Quirk F; Pena B; Mishra A; Smith M
D
CORPORATE SOURCE: Spinalis SCI Research Unit, Karolinska sjukhuset Norrbacka,
SE-171 76 Stockholm, Sweden.
SOURCE: SPINAL CORD, (2000 Jun) 38 (6) 363-70.
Journal code: CKK; 9609749. ISSN: 1362-4393.
PUB. COUNTRY: ENGLAND: United Kingdom
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200009
ENTRY DATE: Entered STN: 20000922
Last Updated on STN: 20000922
Entered Medline: 20000914

L9 ANSWER 5 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 2000213187 MEDLINE
DOCUMENT NUMBER: 20213187 PubMed ID: 10751135
TITLE: A simplified pharmacologic **erection** program for patients

with **spinal cord injury**.
AUTHOR: Zaslau S; Nicolis C; Galea G; Britanico J; Vapnek J M
CORPORATE SOURCE: Department of Urology, Mount Sinai School of Medicine, New York, New York, USA.
SOURCE: JOURNAL OF SPINAL CORD MEDICINE, (1999 Winter) 22 (4) 303-7.
Journal code: B5U; 9504452. ISSN: 1079-0268.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200006
ENTRY DATE: Entered STN: 20000613
Last Updated on STN: 20000613
Entered Medline: 20000601

L9 ANSWER 6 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 2000128503 MEDLINE
DOCUMENT NUMBER: 20128503 PubMed ID: 10665118
TITLE: Sildenafil citrate (VIAGRA): a novel oral treatment for **erectile dysfunction** caused by traumatic **spinal cord injury**.
AUTHOR: Giuliano F; Hultling C; el Masry W S; Luchner E; Stien R; Maytom M C; Orr M; Smith M D; Osterloh I H
CORPORATE SOURCE: Hopital de Bicetre, Paris, France.
SOURCE: INTERNATIONAL JOURNAL OF CLINICAL PRACTICE. SUPPLEMENT, (1999 Jun) 102 24-6.
Journal code: CW2; 9712380. ISSN: 1368-504X.
PUB. COUNTRY: ENGLAND: United Kingdom
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200002
ENTRY DATE: Entered STN: 20000309
Last Updated on STN: 20000309
Entered Medline: 20000224

L9 ANSWER 7 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 1999454221 MEDLINE
DOCUMENT NUMBER: 99454221 PubMed ID: 10527097
TITLE: Male infertility and **erectile dysfunction** in **spinal cord injury**: a review.
AUTHOR: Monga M; Bernie J; Rajasekaran M
CORPORATE SOURCE: Division of Urology, University of California, San Diego, USA.
SOURCE: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (1999 Oct) 80 (10) 1331-9. Ref: 86
Journal code: 8BK; 2985158R. ISSN: 0003-9993.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199910
ENTRY DATE: Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991028

L9 ANSWER 8 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 1999454210 MEDLINE
 DOCUMENT NUMBER: 99454210 PubMed ID: 10527086
 TITLE: Posttraumatic **erectile** potential of **spinal cord injured** men: how physiologic recordings supplement subjective reports.
 AUTHOR: Courtois F J; Goulet M C; Charvier K F; Leriche A
 CORPORATE SOURCE: Department de sexologie, Universite du Quebec a Montreal, Institut de readaptation de Montreal, Canada.
 SOURCE: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (1999 Oct) 80 (10) 1268-72.
 Journal code: 8BK; 2985158R. ISSN: 0003-9993.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 199910
 ENTRY DATE: Entered STN: 20000111
 Last Updated on STN: 20000111
 Entered Medline: 19991028

L9 ANSWER 9 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 1999328203 MEDLINE
 DOCUMENT NUMBER: 99328203 PubMed ID: 10401776
 TITLE: Randomized trial of sildenafil for the treatment of **erectile dysfunction** in **spinal cord injury**.
 Sildenafil Study Group.
 AUTHOR: Giuliano F; Hultling C; El Masry W S; Smith M D; Osterloh I H; Orr M; Maytom M
 CORPORATE SOURCE: Service d'Urologie, AP-HP, CHU de Bicetre, Le Kremlin Bicetre, France.
 SOURCE: ANNALS OF NEUROLOGY, (1999 Jul) 46 (1) 15-21.
 Journal code: 6AE; 7707449. ISSN: 0364-5134.
 PUB. COUNTRY: United States
 (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199908
 ENTRY DATE: Entered STN: 19990816
 Last Updated on STN: 19990816
 Entered Medline: 19990802

L9 ANSWER 10 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 1999163632 MEDLINE
 DOCUMENT NUMBER: 99163632 PubMed ID: 10065749
 TITLE: A two-part pilot study of sildenafil (VIAGRA) in men with **erectile dysfunction** caused by **spinal cord injury**.
 AUTHOR: Maytom M C; Derry F A; Dinsmore W W; Glass C A; Smith M D; Orr M; Osterloh I H
 CORPORATE SOURCE: Pfizer Central Research, Sandwich, UK.
 SOURCE: SPINAL CORD, (1999 Feb) 37 (2) 110-6.
 Journal code: CKK; 9609749. ISSN: 1362-4393.
 PUB. COUNTRY: ENGLAND: United Kingdom
 (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LANGUAGE: English

FILE SEGMENT: Priority Journals
ENTRY MONTH: 199904
ENTRY DATE: Entered STN: 19990517
Last Updated on STN: 19990517
Entered Medline: 19990430

L9 ANSWER 11 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	1999101703 MEDLINE
DOCUMENT NUMBER:	99101703 PubMed ID: 9886612
TITLE:	Intraurethral alprostadil for treatment of erectile dysfunction in patients with spinal cord injury .
AUTHOR:	Bodner D R; Haas C A; Krueger B; Seftel A D
CORPORATE SOURCE:	Cleveland Veterans Affairs Medical Center, Case Western Reserve University, Ohio 44106-5046, USA.
SOURCE:	UROLOGY, (1999 Jan) 53 (1) 199-202. Journal code: WSY; 0366151. ISSN: 0090-4295.
PUB. COUNTRY:	United States (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	199902
ENTRY DATE:	Entered STN: 19990223 Last Updated on STN: 19990223 Entered Medline: 19990209

L9 ANSWER 12 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	1999071156 MEDLINE
DOCUMENT NUMBER:	99071156 PubMed ID: 9855514
TITLE:	Efficacy and safety of oral sildenafil (Viagra) in men with erectile dysfunction caused by spinal cord injury .
AUTHOR:	Derry F A; Dinsmore W W; Fraser M; Gardner B P; Glass C A; Maytom M C; Smith M D
CORPORATE SOURCE:	National Spinal Injury Centre, Stoke Mandeville, UK.
SOURCE:	NEUROLOGY, (1998 Dec) 51 (6) 1629-33. Journal code: NZO; 0401060. ISSN: 0028-3878.
PUB. COUNTRY:	United States (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE:	English
FILE SEGMENT:	Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH:	199812
ENTRY DATE:	Entered STN: 19990115 Last Updated on STN: 19990115 Entered Medline: 19981230

L9 ANSWER 13 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	97218651 MEDLINE
DOCUMENT NUMBER:	97218651 PubMed ID: 9066088
TITLE:	Spinal control of penile erection.
AUTHOR:	Rampin O; Bernabe J; Giuliano F
CORPORATE SOURCE:	Laboratoire de Neurobiologie des Fonctions Vegetatives, Batiment 325 INRA, Jouy-en-Josas, France.
SOURCE:	WORLD JOURNAL OF UROLOGY, (1997) 15 (1) 2-13. Ref: 181 Journal code: BRY; 8307716. ISSN: 0724-4983.
PUB. COUNTRY:	GERMANY: Germany, Federal Republic of Journal; Article; (JOURNAL ARTICLE) General Review; (REVIEW) (REVIEW, ACADEMIC)

LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199707
 ENTRY DATE: Entered STN: 19970721
 Last Updated on STN: 19970721
 Entered Medline: 19970708

L9 ANSWER 14 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	97197457 MEDLINE
DOCUMENT NUMBER:	97197457 PubMed ID: 9044517
TITLE:	Comparison of transdermal nitroglycerin and intracavernous injection of papaverine in the treatment of erectile dysfunction in patients with spinal cord lesions.
AUTHOR:	Renganathan R; Suranjan B; Kurien T
CORPORATE SOURCE:	Department of Physical Medicine and Rehabilitation, Christian Medical College and Hospital, Vellore, India.
SOURCE:	SPINAL CORD, (1997 Feb) 35 (2) 99-103. Journal code: CKK; 9609749. ISSN: 1362-4393.
PUB. COUNTRY:	ENGLAND: United Kingdom (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	199705
ENTRY DATE:	Entered STN: 19970523 Last Updated on STN: 19970523 Entered Medline: 19970514

L9 ANSWER 15 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	96433816 MEDLINE
DOCUMENT NUMBER:	96433816 PubMed ID: 8836796
TITLE:	External vacuum device therapy for spinal cord injured males with erectile dysfunction .
AUTHOR:	Seckin B; Atmaca I; Ozgok Y; Gokalp A; Harmankaya C
CORPORATE SOURCE:	Department of Urology, Gulhane Military Medical Academy, Ankara, Turkey.
SOURCE:	INTERNATIONAL UROLOGY AND NEPHROLOGY, (1996) 28 (2) 235-40. Journal code: GUQ; 0262521. ISSN: 0301-1623.
PUB. COUNTRY:	Hungary Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	199612
ENTRY DATE:	Entered STN: 19970128 Last Updated on STN: 19970128 Entered Medline: 19961217

L9 ANSWER 16 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	96322297 MEDLINE
DOCUMENT NUMBER:	96322297 PubMed ID: 8702367
TITLE:	Vacuum erection device in spinal cord injured men: patient and partner satisfaction.
AUTHOR:	Denil J; Ohl D A; Smythe C
CORPORATE SOURCE:	Department of Surgery, University of Michigan Medical Center, Ann Arbor, USA.
SOURCE:	ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (1996 Aug) 77 (8) 750-3. Journal code: 8BK; 2985158R. ISSN: 0003-9993.
PUB. COUNTRY:	United States

Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 199609
 ENTRY DATE: Entered STN: 19960912
 Last Updated on STN: 19960912
 Entered Medline: 19960904

L9 ANSWER 17 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	96274325 MEDLINE
DOCUMENT NUMBER:	96274325 PubMed ID: 8927414
TITLE:	Intracavernous injection of prostaglandin E1 in spinal cord injured patients with erectile dysfunction . A preliminary report.
AUTHOR:	Tang S F; Chu N K; Wong M K
CORPORATE SOURCE:	Department of Rehabilitation Medicine, Chang Gung Memorial Hospital, Taipei, Taiwan, Republic of China.
SOURCE:	PARAPLEGIA, (1995 Dec) 33 (12) 731-3. Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY:	ENGLAND: United Kingdom (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	199610
ENTRY DATE:	Entered STN: 19961219 Last Updated on STN: 19961219 Entered Medline: 19961031

L9 ANSWER 18 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	96186389 MEDLINE
DOCUMENT NUMBER:	96186389 PubMed ID: 8607765
TITLE:	Psychogenic impotence in spinal cord injury patients.
AUTHOR:	Tay H P; Juma S; Joseph A C
CORPORATE SOURCE:	Division of Urology, University of California, San Diego Medical Center, U.S.A.
SOURCE:	ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (1996 Apr) 77 (4) 391-3. Journal code: 8BK; 2985158R. ISSN: 0003-9993.
PUB. COUNTRY:	United States Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH:	199605
ENTRY DATE:	Entered STN: 19960531 Last Updated on STN: 19960531 Entered Medline: 19960517

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L9 ANSWER 19 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	96145491 MEDLINE
DOCUMENT NUMBER:	96145491 PubMed ID: 8584296
TITLE:	Clinical approach to erectile dysfunction in spinal cord injured men. A review of clinical and experimental data.
AUTHOR:	Courtois F J; Charvier K F; Leriche A; Raymond D P; Eyssette M
CORPORATE SOURCE:	Universite du Quebec a Montreal, Departement de Sexologie, Quebec, Canada.
SOURCE:	PARAPLEGIA, (1995 Nov) 33 (11) 628-35. Ref: 60 Journal code: OQT; 2985038R. ISSN: 0031-1758.

PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199603
ENTRY DATE: Entered STN: 19960327
Last Updated on STN: 19960327
Entered Medline: 19960319

L9 ANSWER 20 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 95273113 MEDLINE
DOCUMENT NUMBER: 95273113 PubMed ID: 7753572
TITLE: Management of **impotence** due to **spinal cord injury**
using low dose papaverine.
AUTHOR: Yarkony G M; Chen D; Palmer J; Roth E J; Rayner S; Lovell L
CORPORATE SOURCE: Schwab Rehabilitation Hospital, Chicago, IL 60608, USA.
SOURCE: PARAPLEGIA, (1995 Feb) 33 (2) 77-9.
Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199506
ENTRY DATE: Entered STN: 19950629
Last Updated on STN: 19950629
Entered Medline: 19950621

L9 ANSWER 21 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 95054002 MEDLINE
DOCUMENT NUMBER: 95054002 PubMed ID: 7964708
TITLE: Complications associated with the use of vacuum
constriction devices for **erectile dysfunction** in the
spinal cord injured population.
AUTHOR: Rivas D A; Chancellor M B
CORPORATE SOURCE: Department of Urology, Jefferson Medical College,
Philadelphia, Pennsylvania 19107.
SOURCE: JOURNAL OF THE AMERICAN PARAPLEGIA SOCIETY, (1994 Jul) 17
(3) 136-9.
Journal code: JAP; 8303486. ISSN: 0195-2307.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199412
ENTRY DATE: Entered STN: 19950110
Last Updated on STN: 19970203
Entered Medline: 19941220

L9 ANSWER 22 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 94286273 MEDLINE
DOCUMENT NUMBER: 94286273 PubMed ID: 8015845
TITLE: Severe penile erosion after use of a vacuum suction device
for management of **erectile dysfunction** in a **spinal**
cord injured patient. Case report.
AUTHOR: LeRoy S C; Pryor J L
CORPORATE SOURCE: Department of Urologic Surgery, University of Minnesota
Hospital and Clinic, Minneapolis 55455.
SOURCE: PARAPLEGIA, (1994 Feb) 32 (2) 120-3.

PUB. COUNTRY: Journal code: OQT; 2985038R. ISSN: 0031-1758.
SCOTLAND: United Kingdom
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199407
ENTRY DATE: Entered STN: 19940810
Last Updated on STN: 19940810
Entered Medline: 19940728

L9 ANSWER 23 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 94182317 MEDLINE
DOCUMENT NUMBER: 94182317 PubMed ID: 8134992
TITLE: Prospective comparison of topical minoxidil to vacuum constriction device and intracorporeal papaverine injection in treatment of **erectile dysfunction** due to **spinal cord injury**.
AUTHOR: Chancellor M B; Rivas D A; Panzer D E; Freedman M K; Staas W E Jr
CORPORATE SOURCE: Department of Urology, Jefferson Medical College, Philadelphia, Pennsylvania.
SOURCE: UROLOGY, (1994 Mar) 43 (3) 365-9.
JOURNAL code: WSY; 0366151. ISSN: 0090-4295.
PUB. COUNTRY: United States
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199404
ENTRY DATE: Entered STN: 19940428
Last Updated on STN: 19940428
Entered Medline: 19940421

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L9 ANSWER 24 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 94136073 MEDLINE
DOCUMENT NUMBER: 94136073 PubMed ID: 8303971
TITLE: Transcutaneous minoxidil in the treatment of **erectile dysfunctions** in **spinal cord injured** men.
AUTHOR: Beretta G; Saltarelli O; Marzotto M; Zanollo A; Re B
CORPORATE SOURCE: Unita di Andrologia, Ospedale G. Fornaroli Magenta, Milano.
SOURCE: ACTA EUROPAEA FERTILITATIS, (1993 Jan-Feb) 24 (1) 27-30.
JOURNAL code: ONN; 1300660. ISSN: 0587-2421.
PUB. COUNTRY: Italy
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199403
ENTRY DATE: Entered STN: 19940318
Last Updated on STN: 19940318
Entered Medline: 19940310

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L9 ANSWER 25 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 94082079 MEDLINE
DOCUMENT NUMBER: 94082079 PubMed ID: 8259331
TITLE: Intracavernous papaverine for **impotence** in **spinal cord injured** patients.
AUTHOR: Kapoor V K; Chahal A S; Jyoti S P; Mundkur Y J; Kotwal S V; Mehta V K
CORPORATE SOURCE: Spinal Cord Injury Centre, Military Hospital, Kirkee, Pune, India.

SOURCE: PARAPLEGIA, (1993 Oct) 31 (10) 675-7.
Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY: SCOTLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199401
ENTRY DATE: Entered STN: 19940203
Last Updated on STN: 19940203
Entered Medline: 19940119

L9 ANSWER 26 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 92396405 MEDLINE
DOCUMENT NUMBER: 92396405 PubMed ID: 1522996
TITLE: Transcutaneous nitroglycerin in the treatment of **erectile dysfunction** in **spinal cord injured**.
AUTHOR: Sonksen J; Biering-Sorensen F
CORPORATE SOURCE: Department of Urology, Rigshospitalet, University of Copenhagen, Denmark.
SOURCE: PARAPLEGIA, (1992 Aug) 30 (8) 554-7.
Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY: SCOTLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199210
ENTRY DATE: Entered STN: 19921023
Last Updated on STN: 19921023
Entered Medline: 19921015

L9 ANSWER 27 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 92366858 MEDLINE
DOCUMENT NUMBER: 92366858 PubMed ID: 1502437
TITLE: Penile **erection** in men with **spinal cord** or cauda equina lesions.
AUTHOR: Biering-Sorensen F; Sonksen J
CORPORATE SOURCE: Department TH, Rigshospitalet, University of Copenhagen, Denmark.
SOURCE: SEMINARS IN NEUROLOGY, (1992 Jun) 12 (2) 98-105. Ref: 76
Journal code: SEJ; 8111343. ISSN: 0271-8235.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199209
ENTRY DATE: Entered STN: 19920925
Last Updated on STN: 19920925
Entered Medline: 19920914

L9 ANSWER 28 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 92342886 MEDLINE
DOCUMENT NUMBER: 92342886 PubMed ID: 1378971
TITLE: The management of **erectile dysfunction** following **spinal cord injury**.
AUTHOR: Padma-Nathan H; Kanellos A
CORPORATE SOURCE: University of Southern California School of Medicine, Los Angeles.
SOURCE: SEMINARS IN UROLOGY, (1992 May) 10 (2) 133-7. Ref: 16

PUB. COUNTRY: Journal code: SIU; 8306110. ISSN: 0730-9147.
United States
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199208
ENTRY DATE: Entered STN: 19920911
Last Updated on STN: 19960129
Entered Medline: 19920826

L9 ANSWER 29 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	92327110 MEDLINE
DOCUMENT NUMBER:	92327110 PubMed ID: 1625897
TITLE:	The role of intracavernosal vasoactive agents to overcome impotence due to spinal cord injury .
AUTHOR:	Earle C M; Keogh E J; Ker J K; Cherry D J; Tulloch A G; Lord D J
CORPORATE SOURCE:	Reproductive Medicine Research Institute, Sir Charles Gairdner Hospital, Nedlands, Western Australia.
SOURCE:	PARAPLEGIA, (1992 Apr) 30 (4) 273-6. Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY:	SCOTLAND: United Kingdom
LANGUAGE:	Journal; Article; (JOURNAL ARTICLE)
FILE SEGMENT:	English
ENTRY MONTH:	Priority Journals
ENTRY DATE:	199208 Entered STN: 19920821 Last Updated on STN: 19920821 Entered Medline: 19920807

L9 ANSWER 30 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	92270328 MEDLINE
DOCUMENT NUMBER:	92270328 PubMed ID: 1589286
TITLE:	The role of intracavernous injection of vasoactive medications for the restoration of erection in spinal cord injured males: a three year follow up.
AUTHOR:	Bodner D R; Leffler B; Frost F
CORPORATE SOURCE:	Division of Urology, Case Western Reserve University School of Medicine, Cleveland, Ohio 44124.
SOURCE:	PARAPLEGIA, (1992 Feb) 30 (2) 118-20. Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY:	SCOTLAND: United Kingdom
LANGUAGE:	Journal; Article; (JOURNAL ARTICLE)
FILE SEGMENT:	English
ENTRY MONTH:	Priority Journals
ENTRY DATE:	199206 Entered STN: 19920710 Last Updated on STN: 19920710 Entered Medline: 19920624

L9 ANSWER 31 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	91268767 MEDLINE
DOCUMENT NUMBER:	91268767 PubMed ID: 2051156
TITLE:	Evaluation and treatment of erectile dysfunction following spinal cord injury : a review.
AUTHOR:	Linsenmeyer T A
CORPORATE SOURCE:	University of Medicine and Dentistry of New Jersey.
SOURCE:	JOURNAL OF THE AMERICAN PARAPLEGIA SOCIETY, (1991 Apr) 14

(2) 43-51. Ref: 65
 Journal code: JAP; 8303486. ISSN: 0195-2307.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199107
 ENTRY DATE: Entered STN: 19910811
 Last Updated on STN: 19980206
 Entered Medline: 19910725

L9 ANSWER 32 OF 42 MEDLINE

Full
Text

Citing
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ACCESSION NUMBER: 91049002 MEDLINE
 DOCUMENT NUMBER: 91049002 PubMed ID: 2238171
 TITLE: [Intracavernous self-injection for treatment of **erectile dysfunction** inpatients with **spinal cord injuries**].
 Intrakavernos selvinjektion til behandling af erektil dysfunktion hos rygmarvsskadede.
 AUTHOR: Sonksen J O; Hansen E F; Biering-Sorensen F; Colstrup H
 CORPORATE SOURCE: Rigshospitalet, Kobenhavn, urologisk afdeling D og afdeling TH (Fysiurgisk Hospital, Hornbaek/Paraplegiklinikken, Blegdamsvej.
 SOURCE: UGESKRIFT FOR LAEGER, (1990 Oct 8) 152 (41) 3006-9.
 Journal code: WM8; 0141730. ISSN: 0041-5782.
 PUB. COUNTRY: Denmark
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: Danish
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199012
 ENTRY DATE: Entered STN: 19910208
 Last Updated on STN: 19910208
 Entered Medline: 19901212

L9 ANSWER 33 OF 42 MEDLINE

Full
Text

Citing
References

ACCESSION NUMBER: 91019094 MEDLINE
 DOCUMENT NUMBER: 91019094 PubMed ID: 2218240
 TITLE: [**Erectile dysfunction** of male **spinal cord injury** patients].
 Dysfonctions **erectiles** du blesse medullaire masculin.
 AUTHOR: Schurch B; Kuhn W
 CORPORATE SOURCE: Centre suisse de paraplegiques, Clinique orthopedique universitaire Balgrist, Zurich.
 SOURCE: SCHWEIZERISCHE RUNDSCHAU FUR MEDIZIN PRAXIS, (1990 Sep 18) 79 (38) 1085-8.
 Journal code: SRM; 8403202. ISSN: 1013-2058.
 PUB. COUNTRY: Switzerland
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: French
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199011
 ENTRY DATE: Entered STN: 19910117
 Last Updated on STN: 19910117
 Entered Medline: 19901113

L9 ANSWER 34 OF 42 MEDLINE

Full
Text

Citing
References

ACCESSION NUMBER: 90115030 MEDLINE
 DOCUMENT NUMBER: 90115030 PubMed ID: 2608299
 TITLE: Intracavernous pharmacotherapy for management of **erectile**

dysfunction in spinal cord injury.
 AUTHOR: Lloyd L K; Richards J S
 CORPORATE SOURCE: Urological Rehabilitation and Research Center, Spain
 Rehabilitation Center, University of Alabama, Birmingham
 35294.
 SOURCE: PARAPLEGIA, (1989 Dec) 27 (6) 457-64.
 Journal code: OQT; 2985038R. ISSN: 0031-1758.
 PUB. COUNTRY: SCOTLAND: United Kingdom
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199002
 ENTRY DATE: Entered STN: 19900328
 Last Updated on STN: 19900328
 Entered Medline: 19900220

L9 ANSWER 35 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 89373564 MEDLINE
 DOCUMENT NUMBER: 89373564 PubMed ID: 2774893
 TITLE: Synergist **erection** system in the management of
impotence secondary to **spinal cord injury**.
 AUTHOR: Zasler N D; Katz P G
 CORPORATE SOURCE: Department of Rehabilitation Medicine, Medical College of
 Virginia/Veterans Administration Medical Center, Richmond.
 SOURCE: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, (1989
 Sep) 70 (9) 712-6.
 Journal code: 8BK; 2985158R. ISSN: 0003-9993.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 198910
 ENTRY DATE: Entered STN: 19900309
 Last Updated on STN: 19900309
 Entered Medline: 19891005

L9 ANSWER 36 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 89346714 MEDLINE
 DOCUMENT NUMBER: 89346714 PubMed ID: 2762795
 TITLE: Vacuum tumescence: an option for **spinal cord injured**
 males with **erectile dysfunction**.
 AUTHOR: Lloyd E E; Toth L L; Perlash I
 SOURCE: SCI NURSING, (1989 Spring) 6 (2) 25-8.
 Journal code: UFY; 8503185. ISSN: 0888-8299.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Nursing Journals
 ENTRY MONTH: 198909
 ENTRY DATE: Entered STN: 19900309
 Last Updated on STN: 19900309
 Entered Medline: 19890921

L9 ANSWER 37 OF 42 MEDLINE

Full Text Citing References

ACCESSION NUMBER: 88073636 MEDLINE
 DOCUMENT NUMBER: 88073636 PubMed ID: 3687629
 TITLE: Intracavernous injection of papaverine hydrochloride for
impotence in patients with **spinal cord injury**.
 AUTHOR: Momose H; Natsume O; Yamamoto M; Suemori T; Yamada K

CORPORATE SOURCE: Department of Urology, Hoshigaoka Koseinenkin Hospital.
 SOURCE: HINYOKIKA KIYO. ACTA UROLOGICA JAPONICA, (1987 Jul) 33 (7) 1065-9.
 Journal code: 27K; 0421145. ISSN: 0018-1994.
 PUB. COUNTRY: Japan
 LANGUAGE: Japanese
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 198801
 ENTRY DATE: Entered STN: 19900305
 Last Updated on STN: 19900305
 Entered Medline: 19880111

L9 ANSWER 38 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	87311924 MEDLINE
DOCUMENT NUMBER:	87311924 PubMed ID: 2442418
TITLE:	Vasoactive intracavernous pharmacotherapy for the treatment of erectile impotence in men with spinal cord injury .
AUTHOR:	Sidi A A; Cameron J S; Dykstra D D; Reinberg Y; Lange P H
SOURCE:	JOURNAL OF UROLOGY, (1987 Sep) 138 (3) 539-42. Journal code: KC7; 0376374. ISSN: 0022-5347.
PUB. COUNTRY:	United States (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH:	198710
ENTRY DATE:	Entered STN: 19900305 Last Updated on STN: 19900305 Entered Medline: 19871005

L9 ANSWER 39 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	87254534 MEDLINE
DOCUMENT NUMBER:	87254534 PubMed ID: 3599245
TITLE:	The application of intracavernous injection of vasoactive medications for erection in men with spinal cord injury .
AUTHOR:	Bodner D R; Lindan R; Leffler E; Kursh E D; Resnick M I
SOURCE:	JOURNAL OF UROLOGY, (1987 Aug) 138 (2) 310-1. Journal code: KC7; 0376374. ISSN: 0022-5347.
PUB. COUNTRY:	United States Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH:	198708
ENTRY DATE:	Entered STN: 19900305 Last Updated on STN: 19900305 Entered Medline: 19870824

L9 ANSWER 40 OF 42 MEDLINE

Full Text	Citing References
ACCESSION NUMBER:	87040379 MEDLINE
DOCUMENT NUMBER:	87040379 PubMed ID: 3774363
TITLE:	Intracavernous injection of vasoactive drugs, an alternative for treating impotence in spinal cord injury patients.
AUTHOR:	Wyndaele J J; de Meyer J M; de Sy W A; Claessens H
SOURCE:	PARAPLEGIA, (1986 Oct) 24 (5) 271-5. Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY:	SCOTLAND: United Kingdom Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English

FILE SEGMENT: Priority Journals
 ENTRY MONTH: 198612
 ENTRY DATE: Entered STN: 19900302
 Last Updated on STN: 19900302
 Entered Medline: 19861215

L9 ANSWER 41 OF 42 MEDLINE

Full
Text

Citing
References

ACCESSION NUMBER: 76175206 MEDLINE
 DOCUMENT NUMBER: 76175206 PubMed ID: 1264485
 TITLE: The effect of trans-urethral surgery on penile erections
 in spinal cord injury patients.
 AUTHOR: Thomas D G
 SOURCE: PARAPLEGIA, (1976 Feb) 13 (4) 286-9.
 Journal code: OQT; 2985038R. ISSN: 0031-1758.
 PUB. COUNTRY: SCOTLAND: United Kingdom
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 197607
 ENTRY DATE: Entered STN: 19900313
 Last Updated on STN: 19900313
 Entered Medline: 19760706

L9 ANSWER 42 OF 42 CAPLUS COPYRIGHT 2002 ACS

Full
Text

Citing
References

ACCESSION NUMBER: 1999:690785 CAPLUS
 DOCUMENT NUMBER: 131:281606
 TITLE: Method of treating impotence due to spinal cord
 injury with sildenafil or other cGMP
 phosphodiesterase inhibitor
 INVENTOR(S): Maytom, Murray Craig; Osterloh, Ian Howard
 PATENT ASSIGNEE(S): Pfizer Ltd., UK; Pfizer Research and Development
 Company, N.V./S.A.
 SOURCE: Eur. Pat. Appl., 7 pp.
 CODEN: EPXXDW
 DOCUMENT TYPE: Patent
 LANGUAGE: English
 FAMILY ACC. NUM. COUNT: 1
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 951908	A2	19991027	EP 1999-301085	19990215
EP 951908	A3	20000816		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 11315025	A2	19991116	JP 1999-43205	19990222
ZA 9901393	A	20000822	ZA 1999-1393	19990222
AU 9918390	A1	19990909	AU 1999-18390	19990223
PRIORITY APPLN. INFO.:			US 1998-75580P	P 19980223
OTHER SOURCE(S):		MARPAT 131:281606		

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L9 ANSWER 18 OF 42 MEDLINE

Citing
References

AB OBJECTIVE: To compare subjective assessments of erectile function with
 results obtained from nocturnal penile tumescence and rigidity (NPTR)
 monitoring in patients with spinal cord injury (SCI). DESIGN: A
 prospective study. SETTING: Erectile function questionnaires were

completed by each patient. NPTR monitoring was performed at the patient's home with the Rigiscan system. PATIENTS: Thirty SCI patients (8 cervical, 16 thoracic, 5 lumbar, 1 sacral) were between 22 and 75 (mean 48) years old. Twenty patients (67%) had complete SCI and 10 patients (33%) had incomplete SCI with mean duration since injury of 14 years. MAIN OUTCOME MEASURES: The results from two consecutive nights of NPTR monitoring were compared with each patient's own response to our erectile function questionnaire. RESULTS: Twenty-three patients (77%) reported normal erectile function: 16 had normal NPTR studies and the remaining 7 had abnormal NPTR studies. Seven patients (23%) reported poor-to-absent erectile function: 3 had normal NPTR studies and 4 had abnormal NPTR studies. All 10 patients (100%) with incomplete SCI had NPTR studies that corroborated their own assessment of erectile function, compared to 11 of 20 patients (55%) with complete SCI. NPTR studies in the remaining 9 patients (45%) with complete SCI were inconsistent with their own assessment of erectile function. CONCLUSION: A direct correlation ($p < .05$) existed between incomplete SCI patients' NPTR studies and their own assessment of erectile function. Complete SCI patients demonstrated significant discrepancy between their own assessments of erectile function and results from NPTR studies. Incomplete SCI patients tended to maintain normal erectile function, as opposed to complete SCI patients. Ten percent of SCI patients who reported **erectile dysfunction** may actually be suffering from psychogenic **impotence**.

L9 ANSWER 19 OF 42 MEDLINE

Citing
References

AB Despite the many developments in the area of sexual dysfunction, rehabilitation settings seldom investigate the remaining sexual function following **spinal cord injury**, or offer differential diagnoses of sexual dysfunction in **spinal cord injured** men. This article attempts to show how sexual rehabilitation should begin with a thorough assessment of the sexual function of paraplegic and tetraplegic men. Assessment includes a basic neurological examination of the perineal area and an extended clinical interview on sexual function and visceral function. The interpretation of patient evaluation is discussed in terms of a classification system adapted to sexual purposes and in terms of the differential diagnoses between sexual dysfunctions of organic, and those of predominantly psychogenic origin in the **spinal cord injured** patient. The organic or psychogenic contribution is discussed in terms of sophisticated procedures, where assessment of nocturnal penile tumescence (NPT) is critically evaluated and where alternatives such as urodynamic findings and skin potentials are discussed. Treatment strategies, such as intracavernous injections and cognitive-behavioural strategies adapted to different lesion types, are discussed.

L9 ANSWER 20 OF 42 MEDLINE

Citing
References

AB **Erectile dysfunction** is a common complication of **spinal cord injury**. Of the 68 **spinal cord injured** men in whom treatment with papaverine was initiated a therapeutic dosage was determined in 50 (74%). Papaverine was injected into the base of one corpora cavernosum. The dose started at 3 mg and was increased at weekly or longer intervals until an effective dose was determined. There were 15 (30%) men with tetraplegia and 35 (70%) men with paraplegia. The dosage of papaverine did not relate to the level or extent of **injury**. Doses of 12 mg or less were used in 56% of patients. Low dose papaverine is a safe and effective means of restoring erections in **spinal cord injured** men.

L9 ANSWER 21 OF 42 MEDLINE

Citing
References

AB The vacuum constriction device has generally been regarded as a safe and effective alternative to pharmacologic intracorporal injections or

surgical placement of a penile prosthesis for the treatment of **erectile dysfunction**. This paper serves to exemplify the potential complications of the device when used to treat **erectile dysfunction** in the **spinal cord-injured** (SCI) population. Two cases of subcutaneous penile hemorrhage in patients using anticoagulant therapy (one treated with subcutaneous heparin and one with coumadin) and one case of penile gangrene occurred in three different SCI males. Physicians managing **erectile dysfunction** in SCI patients should be aware of these potential serious morbidities. The management and means of prevention of these complications are presented.

L9 ANSWER 22 OF 42 MEDLINE

Citing
References

AB We report a case of severe erosion and cellulitis at the base of the penis as a result of vacuum suction device constriction bands left on for 4 hours in a **spinal cord injured** patient with paraplegia and hypesthesia of the genital area. All patients using vacuum suction devices need to be properly educated regarding usage and risks with adequate follow up; patients with hypesthesias and **spinal cord injuries** need information specifically related to their decreased or absent level of sensation. Only two out of seven vacuum suction device brochures reviewed warn of the risk to patients with decreased sensation in the penis, but none specifically address usage or risks to men with **spinal cord injuries**.

L9 ANSWER 23 OF 42 MEDLINE

Citing
References

AB OBJECTIVE. To compare the effectiveness of topically applied 2% minoxidil to that of intracorporeal injection therapy and vacuum constriction devices for the treatment of **erectile dysfunction** in the **spinal cord injured** (SCI) male. METHODS. Eighteen SCI men, aged nineteen to sixty-five years (median age, 29), and level of **injury** C7 to L3 (15 thoracic level) were prospectively evaluated. All patients were able to achieve only a poorly sustained reflex erection that was inadequate for satisfactory intercourse. No patient had suffered **erectile dysfunction** prior to his SCI. In each patient, 1 mL of a 2% minoxidil solution was applied as an aerosol spray to the glans penis. The erectile response was compared to that obtained with a vacuum constriction device (VCD) and intracorporeal papaverine injection. In each case, the subjective assessment by both the patient and the physician, as well as objective results of penile base rigidity as measured by the RigiScan DT Monitor Device, were recorded. RESULTS. Papaverine increased rigidity at the base of the penis by a median 77 percent (range, 30-100%). The VCD increased rigidity by a median 57 percent (range, 30-80%). Minoxidil induced no change in rigidity (range, 0-15%). No complications were observed for any method of inducing tumescence. CONCLUSIONS. Papaverine and VCD proved to be effective means of establishing penile erection in male SCI patients. Both subjective and objective erectile responses to minoxidil were poor. Nevertheless, the principle of topical therapy is an attractive alternative to existing modalities. Further investigation is warranted.

L9 ANSWER 24 OF 42 MEDLINE

Citing
References

AB We have tested the erectile effect of a topical applied drug (Minoxidil) in 15 **spinal cord injured** men. Minoxidil exerts a direct relaxant effect on arterial smooth muscles. This topical vasodilatory agent (1 ml of a 2% solution) was applied on the skin of the penile shaft. Increases in diameter and rigidity were measured with the RigiScan device (Dacomed Minneapolis, Minnesota). A total of 4 paraplegic men with a complete dorsal level lesion reported a positive erectile response. 3 of these 4 patients preferred to continue with this noninvasive treatment compared to prostaglandin E1 intracavernous injections. In our study no side effects were emerged and minoxidil proved to be well tolerated at the cutaneous

level of the penis. Our results indicate that this treatment should be tested in **spinal cord injured** men before a invasive therapy is initiated.

L9 ANSWER 25 OF 42 MEDLINE

Citing
References

AB The majority of the **spinal cord injury** patients in our centre are young healthy males aged between 20 and 40 years. Loss of erection and inability to have coitus and father children have been responsible for inadequate sociosexual rehabilitation. In 1985, under urologist supervision, intracavernosal papaverine injection treatment was started in 101 volunteers, 65 paraplegics and 36 tetraplegics. Satisfactory erection sufficient for coital penetration was possible in 98 patients. Three had prolonged erection lasting beyond 4 hours. Only one required irrigation of the corpus with saline to achieve detumescence. One patient developed cavernosal fibrosis necessitating discontinuing the injection. Administration was under medical supervision so that possible complications of priapism/systemic effects could be promptly managed.

L9 ANSWER 26 OF 42 MEDLINE

Citing
References

AB We have tested the erectile effect of penile applicated nitroglycerin plasters (Transiderm-Nitro 10 mg/24 hours) in 17 **spinal cord injured** men, who had responded to intracavernous papaverine injections with erections sufficient for vaginal penetration. The nitroglycerin plasters were applied on the skin of the penile shaft and a positive response was obtained in 12 men. A total of 5 men reported an erectile response sufficient for vaginal penetration after using nitroglycerin plasters at home. All 5 preferred to continue with this noninvasive treatment compared to papaverine injections. Our results indicate that men with **spinal cord injury** who need doses larger than 15 mg papaverine to obtain erection sufficient for vaginal penetration will not achieve this with nitroglycerin plasters. We suggest that this noninvasive treatment should be tested on **spinal cord injured** men before injection therapy is initiated.

L9 ANSWER 27 OF 42 MEDLINE

Citing
References

L9 ANSWER 28 OF 42 MEDLINE

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References

L9 ANSWER 29 OF 42 MEDLINE

Citing
References

AB Twenty-two **spinal cord injured** men (mean age 35.2 years) referred because of **impotence** were treated with intracavernosal vasoactive agents. Papaverine 2-20 mg, papaverine 40 mg plus phentolamine 0.5 mg or prostaglandin E1 (1-20 micrograms) were used. Nineteen responded and were taught to self administer the medication with varying degrees of assistance from their partners. Fourteen men participated in a postal survey; 12 (86%) continued to use the drugs every 1 to 4 weeks and reported satisfaction with the method. Partner responses were positive in half of the group and when not so it influenced the patients to abandon or reduce the frequency of treatment. Counselling was essential to allay anxiety. Clinical management was not compromised and side effects were minimal. Overall we found this treatment effective, safe and worthwhile.

L9 ANSWER 30 OF 42 MEDLINE

Citing
References

AB Fifty-eight **spinal cord injured** men entered our self injection program for restoration of erections since the program began in September

1985. Early complications included sustained erection (greater than 8 hours) in 4 patients on 6 occasions requiring aspiration of the corpora cavernosa and injection of a dilute epinephrine solution (1/100,000). Bruising at the site of injection was reported at least once by 10 patients. Blood draining from the urethra was noted in 3 patients when the urethra was inadvertently injected. Rigid erections were obtained in all but 5 patients that injected (90%). Late complications included penile plaque in 3 patients (15%). There were no abnormal liver function tests. Average time on the injection program was 2 years (range of 0.5 to 4.5 years). Thirty-one (53%) of the patients have dropped out of the program, most doing so prior to the first injection or during the titration period. The average frequency of injection was twice a month. Injection therapy remains an effective and relatively safe alternative for selective patients with **spinal cord injury**.

L9 ANSWER 31 OF 42 MEDLINE

Citing
References

AB The majority of **spinal cord injured** (SCI) men with upper motor neuron lesions have reflex erections. However, these erections are often not adequately sustained making it difficult if not impossible to have intercourse. The majority of SCI men with lower motor neuron lesions do not have erections. Penile implants are effective in producing erections following SCI. However, they have the disadvantages of being a surgical procedure and of having the risk of infections and erosion of the implant through the skin. Intracavernous injections of papaverine and phentolamine and vacuum erection devices have recently been added to our armamentarium of ways to treat **erectile dysfunction**. A major concern particularly in SCI men is that papaverine and phentolamine may cause prolonged erections in SCI men. We presently have little data on the use of vacuum devices in SCI men, but preliminary reports on those who are using FDA-approved devices appear promising.

L9 ANSWER 32 OF 42 MEDLINE

Citing
References

AB Twelve patients (aged 18-70 years, average 41 years) with known **spinal cord** lesions with durations of 1-25 years and with levels of the lesions from C II incomplete to L III complete received intracavernous injection of papaverine with a commencing dose of 15 mg papaverine. Following this, nine patients could obtain usable erection lasting from 30 to 300 minutes with doses from 15-60 mg. In one patient, however, 60 mg papaverine was supplemented by 5 mg phentolamine. The patients were then trained in the technique of self-injection. On contact 1-37 months after the primary instruction, eight patients had performed a total of 40 self injections with the object of coitus, which was successful in all of the cases. Because he had no partner, one patient had no employed self-injection but would like to employ the method if the appropriate situation arose. Two patients did not want to continue self-injection. One of these considered that the method was too complicated to use and the other had had an episode of prolonged erection requiring treatment. No other side effects requiring treatment were observed. The relationship to possible partners and the experience of libido, "orgasm" and feeling of self esteem as compared to previous experiences were registered. Six out of nine patients had experienced improvement in at least one of these fields and none had experienced deterioration. A total of seven patients planned to employ the method in future. The authors conclude that self-injection of papaverine is a promising supplement in the treatment of **erectile dysfunction** in patients with **spinal cord** lesions.

L9 ANSWER 33 OF 42 MEDLINE

Citing
References

AB Different problems regarding **erectile dysfunction** in men with **spinal cord-injury** are outlined. Neuroanatomical and neurophysiological

aspects of erection and ejaculation are outlined and brought into relation with the different clinical pictures of such lesions. Different therapeutical possibilities are presented, particularly the new treatments like intracavernous papaverine (autoinjection), prostaglandin E1 and transcutaneous nitroglycerin; action, advantages and indications are discussed. The experience in ten para- or tetraplegic patients are discussed. It seems that even in spite of the higher price of PGE1 this treatment of the **erectile dysfunction** in **spinal cord-injured** men should be preferred, since it shows more advantages and less complications than other treatments.

L9 ANSWER 34 OF 42 MEDLINE

Citing
References

AB Sexual dysfunction due to inadequate or poorly sustained erections is a common problem among patients with **spinal cord injury** (SCI). While penile prostheses have provided adequate treatment for many patients, the complication rate in **spinal cord injured** patients remains high and they have not received widespread acceptance among SCI patients or the physicians treating them. Recently, intracavernous injections of vasoactive medications have proved beneficial for treating patients with **erectile dysfunction**. In the current study, we evaluated 40 SCI patients and 116 patients with vascular based **impotence** who had been followed for a minimum of 1 month while utilising intracavernous injections of phentolamine and papaverine. SCI patients with neurogenic based **erectile dysfunction** are significantly different from vascular impaired patients. SCI patients are younger and have been impotent for a longer period of time when treatment is sought. Furthermore, the dose of medication required is significantly less for SCI patients. The time of erection is longer and the quality of erection is better in neurogenic based **impotence**. Results with this treatment in SCI appear to be quite good with short term followup and long term evaluation of this methodology in SCI appears warranted.

L9 ANSWER 35 OF 42 MEDLINE

Citing
References

AB The Synergist erection system is a silicone sheath vacuum device for management of **erectile dysfunction**. The efficacy of this device was assessed in the **spinal cord injured** population. All patients were referred through a **spinal cord injury** center at a major medical facility. Twenty patients with neurogenic **impotence**, who were **injured** at least one year previously and who had a regular sexual partner, were evaluated. Erectile function was assessed by neurologic examination, patient and partner questionnaires, and snap-gauge evaluations. Overall, patient and partner assessments of device efficacy and sex life satisfaction with the device were very good to excellent. The device was simple to use and without significant side effects. In our initial experience, the Synergist system was an effective, safe, noninvasive alternative for the management of **impotence** secondary to cord injury.

L9 ANSWER 36 OF 42 MEDLINE

Citing
References

AB Vacuum tumescence with constriction/retention bands is an option for management of male **erectile dysfunction**. The appropriateness of this system for individuals with **spinal cord injury** was evaluated at the Palo Alto, California, Veterans Administration Medical Center, **Spinal Cord Injury** Center. Following a structured educational program and use of the system for at least 2 months, 13 male subjects and 9 female partners responded to a questionnaire evaluating their satisfaction and the safety of the device. Findings indicate an increase in frequency of intercourse and increased sexual satisfaction with use of the device without occurrence of significant physical problems for the subjects or their partners.

L9 ANSWER 37 OF 42 MEDLINE

Citing
References

AB Twenty-one intracavernous injections of 40 or 60 mg papaverine hydrochloride were given to ten male paraplegics. Erection sufficient for coitus was achieved within a few minutes after 15 of the injections (71.4%). Tumescence of the penis lasted from 18 minutes to 48 hours and the penile tumescence of the patients who had reflective erection usually lasted longer than that of the patients who did not. The trial that lasted for 48 hours resulted in the fracture of the penis that was presumed to have occurred during coitus and it was treated operatively. Intracavernous injection of papaverine hydrochloride is available for the **impotence** of male paraplegics, but both doctor and patient must be careful about the sensory disturbance of the penis to avoid penile **injury** during erection. Further studies are needed to establish safety and long-term efficacy, as well as to determine if histological change of cavernous body occurs by repeated injection.

L9 ANSWER 38 OF 42 MEDLINE

Citing
References

AB A total of 66 **spinal cord injury** patients with **erectile dysfunction** entered a protocol of penile intracavernous pharmacotherapy with papaverine hydrochloride (30 mg. per ml.) or a combination of papaverine (25 mg. per ml.) and phentolamine mesylate (0.83 mg. per ml.) in an attempt to restore erectile function. Of the patients 52 completed the protocol and all achieved transient functional penile erections after administration of the drug. Of the 52 responders 71 per cent currently practice self-injection as a method to restore erectile function. Sustained erections that required irrigation of the cavernous bodies with alpha-adrenergic agents developed in 4 patients and 1 suffered localized intracorporeal induration. If the long-term followup shows that complications remain relatively minor, undoubtedly vasoactive intracavernous pharmacotherapy will have a major role in the restoration of erectile function in the motivated man with **spinal cord injury**. However, in view of the unknown long-term effects and potential dangers of this approach it is important that patients adhere to a strict drug injection protocol under the supervision of qualified urologists who are familiar with the potential risks and complications.

L9 ANSWER 39 OF 42 MEDLINE

Citing
References

AB Obtaining and sustaining an erection that is firm enough and adequate for vaginal penetration and satisfactory completion of intercourse are common problems for the male **spinal cord injury** patient. Intracavernous injection of vasoactive substances offers a new treatment option but it must be approached with caution in this population. During the last year we placed 20 **spinal cord injury** men (16 paraplegics and 4 quadriplegics) on self-injection of papaverine alone or with phentolamine. Of the patients 19 were able to obtain an erection adequate for penetration. The patient who did not obtain an adequate erection had anomalous penile venous drainage. Six episodes of priapism occurred in 3 patients: 1 had a surgical shunt placed elsewhere before he entered our program, and 2 were treated with aspiration of the corpora and injection of epinephrine. All 3 patients subsequently have been able to obtain satisfactory erections with use of lower doses of papaverine alone.

L9 ANSWER 40 OF 42 MEDLINE

Citing
References

AB We report on our results with the intracavernous injection and self-injection of papaverine-phentolamine in a group of **spinal cord injury** patients with erectile **impotence**. This technique offers the

possibility of achieving a full erection which continues for a few hours and disappears afterwards. In our limited experience no major complications have occurred. If our findings are confirmed, in future, the self-injection technique may become a valuable alternative to implanting a prosthesis in impotent paraplegics and tetraplegics.

L9 ANSWER 41 OF 42 MEDLINE

Citing
References

AB The effect of transurethral surgery on penile erections in 62 **spinal cord injury** patients is reviewed. In a group of 43 patients with preoperative erections, 19 noticed no change in the pattern of erections. Twenty-four of the 43 patients notice either a diminution or total disappearance.

=> d iall 19

L9 ANSWER 19 OF 42 MEDLINE

Full
Text Citing
References

ACCESSION NUMBER: 96145491 MEDLINE
DOCUMENT NUMBER: 96145491 PubMed ID: 8584296
TITLE: Clinical approach to **erectile dysfunction** in **spinal cord injured** men. A review of clinical and experimental data.
AUTHOR: Courtois F J; Charvier K F; Leriche A; Raymond D P; Eyssette M
CORPORATE SOURCE: Universite du Quebec a Montreal, Departement de Sexologie, Quebec, Canada.
SOURCE: PARAPLEGIA, (1995 Nov) 33 (11) 628-35. Ref: 60
Journal code: OQT; 2985038R. ISSN: 0031-1758.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199603
ENTRY DATE: Entered STN: 19960327
Last Updated on STN: 19960327
Entered Medline: 19960319

ABSTRACT:
Despite the many developments in the area of sexual dysfunction, rehabilitation settings seldom investigate the remaining sexual function following **spinal cord injury**, or offer differential diagnoses of sexual dysfunction in **spinal cord injured** men. This article attempts to show how sexual rehabilitation should begin with a thorough assessment of the sexual function of paraplegic and tetraplegic men. Assessment includes a basic neurological examination of the perineal area and an extended clinical interview on sexual function and visceral function. The interpretation of patient evaluation is discussed in terms of a classification system adapted to sexual purposes and in terms of the differential diagnoses between sexual dysfunctions of organic, and those of predominantly psychogenic origin in the **spinal cord injured** patient. The organic or psychogenic contribution is discussed in terms of sophisticated procedures, where assessment of nocturnal penile tumescence (NPT) is critically evaluated and where alternatives such as urodynamic findings and skin potentials are discussed. Treatment strategies, such as intracavernous injections and cognitive-behavioural strategies adapted to different lesion types, are discussed.

CONTROLLED TERM: Check Tags: Human; Male; Support, Non-U.S. Gov't
Impotence: DI, diagnosis
*Impotence: ET, etiology
Impotence: PP, physiopathology

Impotence: TH, therapy
***Penile Erection**
 Penile Erection: PH, physiology
 Prognosis
 Sex Disorders: DI, diagnosis
 Sex Disorders: ET, etiology
 Sex Disorders: PP, physiopathology
 Sex Disorders: TH, therapy
***Spinal Cord Injuries: CO, complications**
 Spinal Cord Injuries: RH, rehabilitation

=> d iall 39

L9 ANSWER 39 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 87254534 MEDLINE
 DOCUMENT NUMBER: 87254534 PubMed ID: 3599245
 TITLE: The application of intracavernous injection of vasoactive medications for **erection** in men with **spinal cord injury**.
 AUTHOR: Bodner D R; Lindan R; Leffler E; Kursh E D; Resnick M I
 SOURCE: JOURNAL OF UROLOGY, (1987 Aug) 138 (2) 310-1.
 Journal code: KC7; 0376374. ISSN: 0022-5347.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 198708
 ENTRY DATE: Entered STN: 19900305
 Last Updated on STN: 19900305
 Entered Medline: 19870824

ABSTRACT:
 Obtaining and sustaining an erection that is firm enough and adequate for vaginal penetration and satisfactory completion of intercourse are common problems for the male **spinal cord injury** patient. Intracavernous injection of vasoactive substances offers a new treatment option but it must be approached with caution in this population. During the last year we placed 20 **spinal cord injury** men (16 paraplegics and 4 quadriplegics) on self-injection of papaverine alone or with phentolamine. Of the patients 19 were able to obtain an erection adequate for penetration. The patient who did not obtain an adequate erection had anomalous penile venous drainage. Six episodes of priapism occurred in 3 patients: 1 had a surgical shunt placed elsewhere before he entered our program, and 2 were treated with aspiration of the corpora and injection of epinephrine. All 3 patients subsequently have been able to obtain satisfactory erections with use of lower doses of papaverine alone.

CONTROLLED TERM: Check Tags: Human; Male
 Adult
 Drug Combinations
***Impotence: DT, drug therapy**
 Middle Age
 Papaverine: AD, administration & dosage
***Papaverine: TU, therapeutic use**
***Penile Erection: DE, drug effects**
 Phentolamine: AD, administration & dosage
***Phentolamine: TU, therapeutic use**
 Self Administration
***Spinal Cord Injuries: RH, rehabilitation**
 CAS REGISTRY NO.: 50-60-2 (Phentolamine); 58-74-2 (Papaverine)
 CHEMICAL NAME: 0 (Drug Combinations)

=> d iall 24

L9 ANSWER 24 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 94136073 MEDLINE
DOCUMENT NUMBER: 94136073 PubMed ID: 8303971
TITLE: Transcutaneous minoxidil in the treatment of **erectile dysfunctions** in **spinal cord injured** men.
AUTHOR: Beretta G; Saltarelli O; Marzotto M; Zanollo A; Re B
CORPORATE SOURCE: Unita di Andrologia, Ospedale G. Fornaroli Magenta, Milano.
SOURCE: ACTA EUROPAEA FERTILITATIS, (1993 Jan-Feb) 24 (1) 27-30.
Journal code: ONN; 1300660. ISSN: 0587-2421.
PUB. COUNTRY: Italy
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199403
ENTRY DATE: Entered STN: 19940318
Last Updated on STN: 19940318
Entered Medline: 19940310

ABSTRACT:

We have tested the erectile effect of a topical applied drug (Minoxidil) in 15 **spinal cord injured** men. Minoxidil exerts a direct relaxant effect on arterial smooth muscles. This topical vasodilatory agent (1 ml of a 2% solution) was applied on the skin of the penile shaft. Increases in diameter and rigidity were measured with the RigiScan device (Dacomed Minneapolis, Minnesota). A total of 4 paraplegic men with a complete dorsal level lesion reported a positive erectile response. 3 of these 4 patients preferred to continue with this noninvasive treatment compared to prostaglandin E1 intracavernous injections. In our study no side effects were emerged and minoxidil proved to be well tolerated at the cutaneous level of the penis. Our results indicate that this treatment should be tested in **spinal cord injured** men before a invasive therapy is initiated.

CONTROLLED TERM: Check Tags: Comparative Study; Human; Male
Administration, Cutaneous
Adult
Headache: CI, chemically induced
*Impotence: DT, drug therapy
Impotence: ET, etiology
Impotence: PP, physiopathology
Minoxidil: AD, administration & dosage
Minoxidil: AE, adverse effects
Minoxidil: PD, pharmacology
*Minoxidil: TU, therapeutic use
*Paraplegia: CO, complications
Paraplegia: PP, physiopathology
*Penile Erection: DE, drug effects
Penis: DE, drug effects
*Spinal Cord Injuries: CO, complications
Spinal Cord Injuries: PP, physiopathology
Treatment Outcome
CAS REGISTRY NO.: 38304-91-5 (Minoxidil)

=> d iall 20, 23

L9 ANSWER 20 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 95273113 MEDLINE
DOCUMENT NUMBER: 95273113 PubMed ID: 7753572
TITLE: Management of **impotence** due to **spinal cord injury** using low dose papaverine.
AUTHOR: Yarkony G M; Chen D; Palmer J; Roth E J; Rayner S; Lovell L

CORPORATE SOURCE: Schwab Rehabilitation Hospital, Chicago, IL 60608, USA.
 SOURCE: PARAPLEGIA, (1995 Feb) 33 (2) 77-9.
 Journal code: OQT; 2985038R. ISSN: 0031-1758.
 PUB. COUNTRY: ENGLAND: United Kingdom
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199506
 ENTRY DATE: Entered STN: 19950629
 Last Updated on STN: 19950629
 Entered Medline: 19950621

ABSTRACT:

Erectile dysfunction is a common complication of **spinal cord injury**. Of the 68 **spinal cord injured** men in whom treatment with papaverine was initiated a therapeutic dosage was determined in 50 (74%). Papaverine was injected into the base of one corpora cavernosum. The dose started at 3 mg and was increased at weekly or longer intervals until an effective dose was determined. There were 15 (30%) men with tetraplegia and 35 (70%) men with paraplegia. The dosage of papaverine did not relate to the level or extent of **injury**. Doses of 12 mg or less were used in 56% of patients. Low dose papaverine is a safe and effective means of restoring erections in **spinal cord injured** men.

CONTROLLED TERM: Check Tags: Human; Male; Support, U.S. Gov't, Non-P.H.S.
 Adult
 Dose-Response Relationship, Drug
 Impotence: CO, complications
 *Impotence: DT, drug therapy
 *Papaverine: TU, therapeutic use
 Sex Behavior
 Spinal Cord Injuries
 CAS REGISTRY NO.: 58-74-2 (Papaverine)

L9 ANSWER 23 OF 42 MEDLINE

Full Text	Citing References
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ACCESSION NUMBER: 94182317 MEDLINE
 DOCUMENT NUMBER: 94182317 PubMed ID: 8134992
 TITLE: Prospective comparison of topical minoxidil to vacuum constriction device and intracorporeal papaverine injection in treatment of **erectile dysfunction** due to **spinal cord injury**.
 AUTHOR: Chancellor M B; Rivas D A; Panzer D E; Freedman M K; Staas W E Jr
 CORPORATE SOURCE: Department of Urology, Jefferson Medical College, Philadelphia, Pennsylvania.
 SOURCE: UROLOGY, (1994 Mar) 43 (3) 365-9.
 Journal code: WSY; 0366151. ISSN: 0090-4295.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199404
 ENTRY DATE: Entered STN: 19940428
 Last Updated on STN: 19940428
 Entered Medline: 19940421

ABSTRACT:

OBJECTIVE. To compare the effectiveness of topically applied 2% minoxidil to that of intracorporeal injection therapy and vacuum constriction devices for the treatment of **erectile dysfunction** in the **spinal cord injured** (SCI) male. METHODS. Eighteen SCI men, aged nineteen to sixty-five years (median age, 29), and level of **injury** C7 to L3 (15 thoracic level) were prospectively evaluated. All patients were able to achieve only a poorly sustained reflex erection that was inadequate for satisfactory intercourse. No patient had suffered **erectile dysfunction** prior to his SCI. In each

patient, 1 mL of a 2% minoxidil solution was applied as an aerosol spray to the glans penis. The erectile response was compared to that obtained with a vacuum constriction device (VCD) and intracorporeal papaverine injection. In each case, the subjective assessment by both the patient and the physician, as well as objective results of penile base rigidity as measured by the RigiScan DT Monitor Device, were recorded. RESULTS. Papaverine increased rigidity at the base of the penis by a median 77 percent (range, 30-100%). The VCD increased rigidity by a median 57 percent (range, 30-80%). Minoxidil induced no change in rigidity (range, 0-15%). No complications were observed for any method of inducing tumescence. CONCLUSIONS. Papaverine and VCD proved to be effective means of establishing penile erection in male SCI patients. Both subjective and objective erectile responses to minoxidil were poor. Nevertheless, the principle of topical therapy is an attractive alternative to existing modalities. Further investigation is warranted.

CONTROLLED TERM: Check Tags: Comparative Study; Human; Male
Administration, Topical
Adult
Aged
Combined Modality Therapy
Constriction
Impotence: ET, etiology
*Impotence: TH, therapy
Injections
Middle Age
Minoxidil: AD, administration & dosage
*Minoxidil: TU, therapeutic use
Papaverine: AD, administration & dosage
*Papaverine: TU, therapeutic use
Penis
Prospective Studies
*Spinal Cord Injuries: CO, complications
Treatment Outcome
Vacuum
CAS REGISTRY NO.: 38304-91-5 (Minoxidil); 58-74-2 (Papaverine)

=> s sildenafil

L10 1400 SILDENAFIL

=> d hist

(FILE 'HOME' ENTERED AT 17:21:26 ON 15 APR 2002)

FILE 'MEDLINE, CAPLUS' ENTERED AT 17:21:48 ON 15 APR 2002

L1 10854 S IMPOTENCE OR ERECTI? (W) DYSFUNCTION
L2 120807 S SPINAL (W) CORD
L3 241 S L2 AND L1
L4 552009 S INJUR? OR TRAUMA
L5 23697 S L4 AND L2
L6 159 S L5 AND L1
L7 81 S L6 AND SPIN?/TI
L8 77 DUPLICATE REMOVE L7 (4 DUPLICATES REMOVED)
L9 42 S L8 AND (IMPOTEN? OR ERECTI?)/TI
L10 1400 S SILDENAFIL

=> s l10 and l4

L11 44 L10 AND L4

=> s l11 and py<=1997

L12 0 L11 AND PY<=1997

=> d ibib abs 44

L12 HAS NO ANSWERS

'44 ' IS NOT A VALID SEARCH STATUS KEYWORD

Search status keywords:

NONE ---- Display only the number of postings.

STATUS -- Display statistics of the search.

ENTER SEARCH STATUS OPTION (NONE), STATUS, OR ?:d l11 ibib abs 44

'D L33 IBIB ABS 44' IS NOT A VALID SEARCH STATUS KEYWORD

Search status keywords:

NONE ---- Display only the number of postings.

STATUS -- Display statistics of the search.

ENTER SEARCH STATUS OPTION (NONE), STATUS, OR ?:d l11 ibib abs 44

'D L33 IBIB ABS 44' IS NOT A VALID SEARCH STATUS KEYWORD

Search status keywords:

NONE ---- Display only the number of postings.

STATUS -- Display statistics of the search.

ENTER SEARCH STATUS OPTION (NONE), STATUS, OR ?:save

'SAVE ' IS NOT A VALID SEARCH STATUS KEYWORD

Search status keywords:

NONE ---- Display only the number of postings.

STATUS -- Display statistics of the search.

ENTER SEARCH STATUS OPTION (NONE), STATUS, OR ?:a09248438/1

'A09248438/L' IS NOT A VALID SEARCH STATUS KEYWORD

Search status keywords:

NONE ---- Display only the number of postings.

STATUS -- Display statistics of the search.

ENTER SEARCH STATUS OPTION (NONE), STATUS, OR ?:none

L4 552009 SEA INJUR? OR TRAUMA

L10 1400 SEA SILDENAFIL

L11 44 SEA L10 AND L4

L12 0 SEA L11 AND PY<=1997

=> save

ENTER L#, L# RANGE, ALL, OR (END):a09248438/1

A09248438/L IS NOT A VALID L#, L# RANGE, OR ALL

Enter a valid L-number or L-number range for the items to be saved or

ALL to SAVE all session queries as an L-number list. To see all

L-numbers defined in this session, enter END. Then enter DISPLAY

HISTORY at an arrow prompt (=>).

ENTER L#, L# RANGE, ALL, OR (END):all

ENTER NAME OR (END):a09248438/1

L# LIST L1-L12 HAS BEEN SAVED AS 'A09248438/L'

=> log y

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

52.63

52.84

STN INTERNATIONAL LOGOFF AT 17:58:42 ON 15 APR 2002